

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective December 29, 1999

Application or Docket Number

09/513554

**CLAIMS AS FILED - PART I**

(Column 1)

(Column 2)

**SMALL ENTITY TYPE** ☐ OR

**OTHER THAN SMALL ENTITY**

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	A 13	minus 20 = *
INDEPENDENT CLAIMS	3	minus 3 = *
MULTIPLE DEPENDENT CLAIM PRESENT		

RATE	FEE
	345.00
X\$ 9=	
X39=	
+130=	
TOTAL	

RATE	FEE
	690.00
X\$18=	
X78=	
+260=	
TOTAL	690

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1)

(Column 2)

(Column 3)

**SMALL ENTITY** OR

**OTHER THAN SMALL ENTITY**

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
B			
Total	* 12	Minus ** 20	= -
Independent	* 3	Minus *** 3	= -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

**SMALL ENTITY** OR

**OTHER THAN SMALL ENTITY**

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

**SMALL ENTITY** OR

**OTHER THAN SMALL ENTITY**

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This Form is for INTERNAL PTO USE ONLY  
It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE  
(CALCULATION SHEET)

APPLICATION NUMBER:

09/513554

Total Fee Calculation

Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total
	Sm./Lg.			Sm. Entity	Lg. Entity		
Basic Filing Fee	201/101				690	=	
Total Claims >20	203/103	13	-20 =			=	
Independent Claims >3	202/102	3	-3 =			=	
Mult. Dep Claim Present	204/104					=	
Surcharge	205/105				130	=	
English Translation	139					=	
<u>TOTAL FEE CALCULATION</u>							

Fees due upon filing the application:

Total Filing Fees Due = \$ 820.00

Less Filing Fees Submitted - \$ 0

BALANCE DUE = \$ 820.00

D. Sellman  
Office of Initial Patent Examination

Figure 7